MEADOWS MENTAL HEALTH POLICY INSTITUTE

House Committee on County Affairs: The Texas Mental Health Landscape & COVID-19

Andy Keller, PhD | March 11, 2021

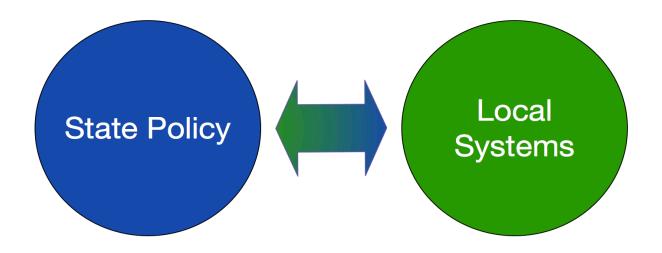
Meadows Mental Health Policy Institute

Vision

We envision Texas to be the national leader in treating all people with mental health needs.

Mission Statement

To provide independent, non-partisan, data-driven, and trusted policy and program guidance that creates equitable systemic changes so all Texans can obtain effective and efficient behavioral health care when and where they need it.





We Treat the Brain Differently Than the Body

7,632 **SUBSTANCE**

PHYSICAL

THE CURRENT MENTAL HEALTH CARE SYSTEM

SUICIDE in Texas in 2018

RELATED DEATHS in Texas in 2018

The Goal of Health Care: **LIVING YOUR LIFE** in the COMMUNITY





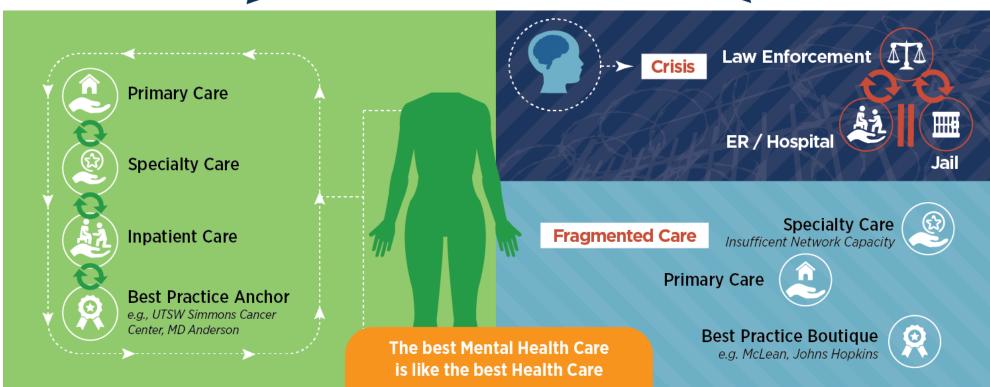






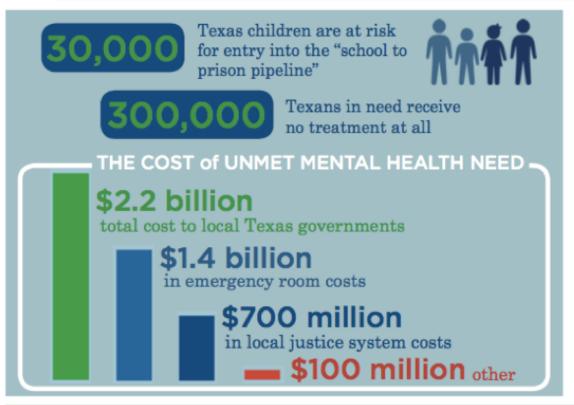


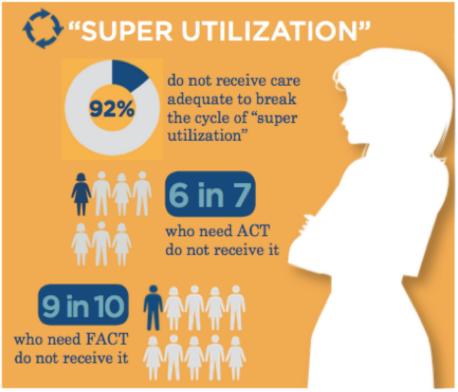
MENTAL





Unmet Mental Health Needs: Local Burden





Jail Costs for Individuals with Mental Illness	\$461 million
Juvenile Justice Costs for Youth with Serious Emotional Disturbances	\$236 million
Psychiatric Emergency Department Costs	\$965 million
Alcohol and Substance Abuse Emergency Department Costs	\$457 million
Other Costs (e.g. shelter services to homeless individuals and school district costs)	\$100 million
Total Costs to Local Governments	\$2.2 billion



COVID-19 and Mental Health: Impacts

COVID-19 has dramatically increased mental health needs.

- The Centers for Disease Control and Prevention (CDC) now tracks mental health needs weekly. As of late-February 2021:
 - Symptoms of anxiety disorder up 4-fold (33.4% vs 8.2%)
 - Symptoms of depression up 4-fold (27.7% vs 6.6%)
- The number of people <u>seriously considering suicide doubled</u>.
- Mid-March through October 2020, the proportion of mental health-related ED visits increased 24% among children aged 5–11 and 31% among adolescents aged 12–17.
- A November 2020 Lancet study found <u>mental illness</u> <u>increases the risk of COVID 65%</u> and COVID <u>causes more</u> <u>mental illness</u>.



COVID-19 and Mental Health: Projections

In April 2020, we began a series of reports projecting the mental health impacts of the pandemic.

- Our original projections suggested that for every <u>5%</u> increase in the unemployment rate compared to prepandemic levels, an additional <u>4,000 Americans</u>, including <u>300 Texans</u>, could be lost to suicide.
- <u>COVID-induced job loss has disproportionately affected</u> people of color, including Blacks and Latinos.
- Multiple national groups and media sources have used our estimates.



Racial and Ethnic Disparities

Where people live, work, learn, and play affect a wide range of risks and health outcomes. These conditions are known as social determinants of health.

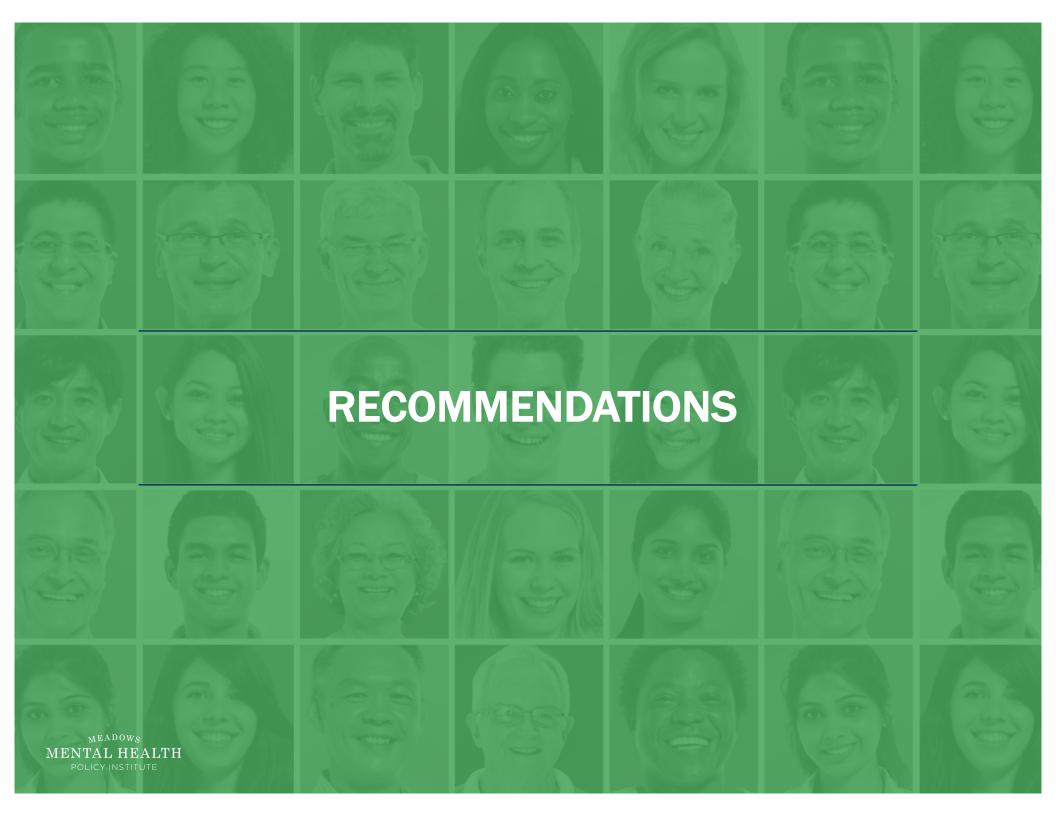
Health inequities also drive disparities.

A 2020 analysis of <u>50 million</u> patient health records found:

- Black, Latino, and Asian patients had <u>significantly higher</u> rates of COVID infection than White patients.
- Black, Latino, and Asian patients had <u>significantly higher</u> rates of hospitalization and death due to COVID.

Adults with low incomes are also more likely to have higher rates of chronic conditions, which increase the risk of serious illness if infected with COVID.





Secure Access Gains Through Telehealth

COVID-19 has modernized the treatment dynamic.

 Since March 2020, HHSC has authorized <u>certain behavioral</u> <u>health services</u> to be reimbursed in <u>Medicaid</u> when delivered by <u>telemedicine</u>, <u>telehealth</u>, or <u>telephone</u>.

The Texas Legislature
should adopt a budget rider
to maintain this access for
the biennium, at a minimum.

HB 4 (Price) would ensure permanent access.

Claims for Telephone (Audio Only) Behavioral Health Services

Last updated on 3/20/2020

Note: Texas Medicaid managed care organizations (MCOs) must provide all medically necessary, Medicaid-covered services to eligible clients. Administrative procedures such as prior authorization, pre-certification, referrals, and claims/encounter data filing may differ from traditional Medicaid (fee-for-service) and from MCO to MCO. Providers should contact the client's specific MCO for details.

To help ensure continuity of care during the COVID-19 (coronavirus) response, HHSC is authorizing providers to submit claims for dates of service March 20, 2020, through April 30, 2020, for reimbursement of the following behavioral health services delivered by telephone (audio only):

Description of Services	Procedure Codes
Psychiatric Diagnostic Evaluation	90791, 90792
Psychotherapy	90832, 90834, 90837, 90846, 90847, 90853
Peer Specialist Services	H0038
Screening, Brief Intervention, and Referral to Treatment (SBIRT)	99408, G2011, H0049
Substance Use Disorder Services	H0001, H0004,H0005
Mental Health Rehabilitation	H0034, H2011, H2012, H2014, H2017

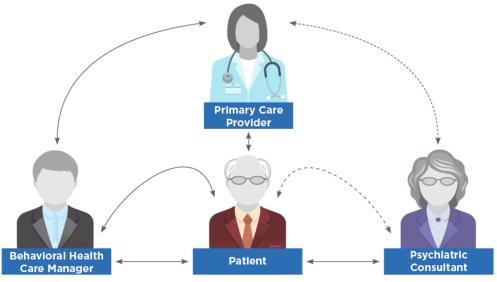
To indicate the occurrence of remote delivery, providers should continue to use the 95 modifier.



Implement Collaborative Care in Medicaid

<u>Collaborative Care</u> (CoCM) is a proven, team-based approach to detect and treat mental illness in <u>primary care</u>.

- Coverage: Medicare since 2017, commercial since 2019
- Cost saver: Up to 6 to 1 in total medical costs in Medicare and Medicaid settings; \$15 billion in Medicaid savings if as few as 20 percent of beneficiaries with depression receive it.
- Universal access to CoCM to treat major depression could reduce suicide deaths by 725 to 1,100 per year in Texas.
- CoCM works especially well in Black and Latino communities.
- Filed as HB 2834 (Bonnen)/
 672 (Buckingham)





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POLICY INSTITUTE

FOR MENTAL HEALTH

okay to say

The truth is: mental illness affects more people than you may think, and we need to talk about it. It's Okay to say..." okaytosay.org